

## Kentucky Teachers' Retirement System

Your Member guide Book



Your guide to the  
**Humana Group Medicare PFFS Plan**

**HUMANA**  
*Guidance* when you need it most



## TABLE OF CONTENTS

### **3 . . . About Humana**

### **4 . . . How The Medicare Eligible Health Plan Works**

- Introduction
- Features
- Doctors
- Hospital and outpatient care
- Emergency care

### **8 . . . Important Phone Numbers**

### **9 . . . Manage Your Health**

- MyHumana
- Special services for certain health conditions

#### **Stay Well**

- **Humana Active Outlook<sup>SM</sup>** Program
- **HAO** Magazine
- Fitness Programs

### **16.....Value-Added Services**

#### **Save Money**

- HumanaFirst<sup>®</sup>
- Vision discount program

### **20.....Frequently Asked Questions**

### **23.....Glossary**

### **24 .....Privacy Notice**





## ABOUT HUMANA, YOUR MEDICAL COVERAGE PROVIDER

**We are proud that the Kentucky Teachers' Retirement System has selected Humana to provide your medical coverage through our Medicare Advantage Private Fee-For-Service Plan or PFFS.**

Humana Inc., headquartered in Louisville, Kentucky, is one of the nation's largest publicly traded health benefits companies, with more than 11 million medical members throughout the United States and Puerto Rico, including about 4.4 million Medicare members. Humana offers coordinated health benefits and related services – to employer groups, labor groups, government-sponsored plans, and individuals.

With more than 45 years of experience in the health industry, Humana is a recognized leader in the areas of wellness and chronic disease management programs for members. In addition to providing health benefits, we educate members about their choices and guide them to make informed decisions about their health coverage and care.

To find out more about Humana, visit our Website, **Humana.com**.





## HOW HUMANA GROUP MEDICARE PFFS WORKS

### INTRODUCTION

This booklet gives you an overview of the features and benefits of Humana Group Medicare PFFS, a Medicare Advantage Private Fee-For-Service plan. You are eligible for this Medicare Advantage PFFS plan if you are enrolled in both Part A and Part B of Medicare.

A Medicare Advantage plan is not a supplement to Original Medicare. You simply show your Humana identification card each time you receive care, pay your copayment or coinsurance (your share of the cost of treatment), and there is virtually no paperwork.

Unlike many Medicare Advantage plans, ours is a “Private Fee-For-Service,” or PFFS plan. You may use any doctor, specialist, or hospital that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana’s PFFS plan (which is the same as Original Medicare fee schedules) – there’s no network as with an HMO or PPO. Also, your new Humana Group Medicare PFFS does not require referrals to access specialty care.

This Guide Book tells you about some features of the plan. It doesn’t list every service the plan covers, every limitation, or every exclusion. You will receive a complete list of benefits in the mail called an “Evidence of Coverage” booklet, which will fully explain your plan.



# a Snapshot OF THE PFFS PLAN



## FEATURES OF YOUR COVERAGE

- **Your choice of providers** – Simply choose a hospital, doctor, specialist, or other healthcare provider that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana's PFFS plan (which is the same as Original Medicare fee schedules); you're not restricted to a group of doctors or hospitals.
- **Virtually no claims paperwork** – The plan works directly with your provider to process your claims.
- **Limited out-of-pocket expenses** – Your copayments and coinsurance are limited each year, protecting you from catastrophic expenses.
- **Coverage when you travel nationwide** – Medical coverage available even outside the U.S.

## Annual Out-of-Pocket Limit Gives You Extra Protection

Amounts you pay as coinsurance or copayment are limited each calendar year. If you reach this annual out-of-pocket limit, you pay no copayment or coinsurance for the rest of the year; the plan pays 100 percent of your Medicare-approved amounts for covered expenses. Some amounts you pay do not count toward this out-of-pocket limit. Please refer to your Summary of Benefits for more details.

## Get All the Details of Your Plan

Complete details of your Humana Group Medicare PFFS coverage are in the "Evidence of Coverage" booklet you'll receive when your coverage begins. If your questions aren't answered here, just call Humana at **the Group Medicare phone number listed on page 8**.

## Using Humana Group Medicare PFFS Is Easy!

When you're a member, you'll have a Humana identification card to show you're covered by Humana Group Medicare PFFS. Use this card each time you need care – you can put your Original Medicare card away in a safe place. Think of your Humana ID card as your passport to healthcare.





## WHEN YOU NEED TO SEE A DOCTOR

Choose any doctor you need – a family practitioner, an internist, or a specialist. You have no network of providers – just confirm, before treatment, that the doctor you choose participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana's PFFS plan (which is the same as Original Medicare fee schedules).

Present your Humana ID card when you receive care. Your doctor bills Humana directly for your treatment, saving you the hassle of filing claims. When you're responsible for a copayment, you will pay that amount at the time of service. When you're responsible for paying a portion of the cost, the provider bills you directly.

Humana Group Medicare PFFS pays benefits for all covered office visits – from family practitioners and internists to specialists. Your plan may also cover routine annual exams, including tests, immunizations, and lab work.

If any of your doctors are unfamiliar with Humana or the PFFS plan, please have them call to learn more! The Humana Provider Relations number is **1-866-291-9714**. The hours of service are 9:00 a.m. - 11:00 p.m., Eastern time, Monday through Friday.

## DOCTORS ACCEPTING MEDICARE PATIENTS AND MEDICARE ASSIGNMENT

If you use providers who do not accept Medicare patients and opt out of Medicare for the statutory two-year period, you will be liable for 100 percent of the submitted charges. If you use providers who do not accept assignment from Original Medicare, these providers may charge more for Medicare covered services, up to the Medicare limiting charge. And, you would be responsible for 20 percent of the Medicare limiting charge. If your provider accepts Medicare and Medicare assignment, you will be responsible for 4 percent of Medicare approved charges after you have paid the applicable copayments and deductibles. See chart below for detailed explanation.

### PROVIDER ACCEPTS HUMANA GROUP MEDICARE PFFS

Provider Accepts Medicare Patients	Provider Accepts Medicare Assignment	MEDICARE PAYS	After Applicable Copayments and Deductibles, Plan Pays	After Applicable Copayments and Deductibles, Participant Pays
Yes	Yes		96% of Medicare approved charges	4% of Medicare approved charges
Yes	No	Provider bills Humana up to Medicare statutory limits. Medicare limiting charge equals 115% of Medicare approved charges.	80% of Medicare limiting charge	20% of Medicare limiting charge
No	No	Provider opts out of Medicare for statutory two-year period.	0%	100%



## **WHEN YOU NEED HOSPITAL OR OUTPATIENT CARE**

If your doctor recommends a hospital stay or outpatient treatment in a hospital or other treatment facility, present your Humana ID card when you arrive for care. You'll be billed for your share of the costs. When you are responsible for a copayment, you will pay that amount at the time of service.

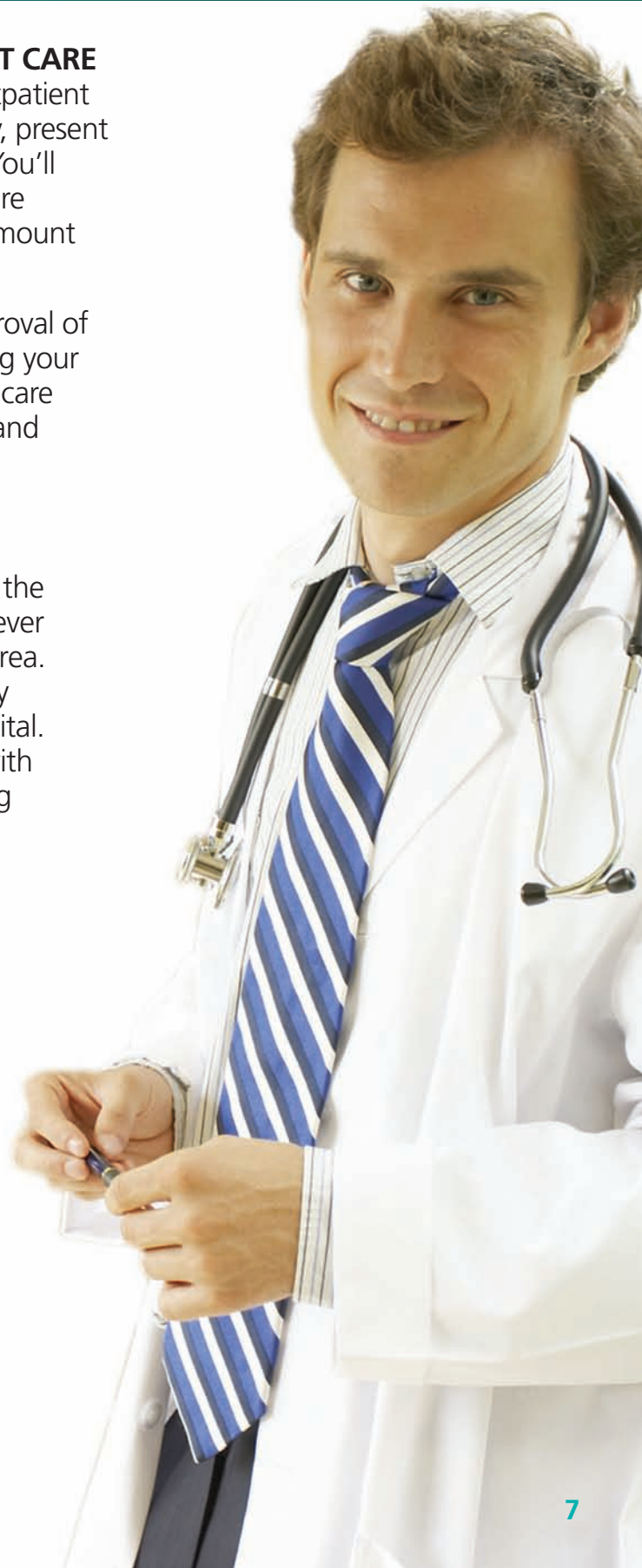
Even though your plan does not require pre-approval of hospital admissions, Humana recommends asking your doctor to notify us of your admission. The healthcare professionals at Humana may have information and special programs your doctor can use to help shorten your hospital stay.

## **WHEN YOU NEED EMERGENCY CARE**

In an emergency, call 911 for assistance or go to the nearest emergency room. You are covered wherever you are. Your coverage is not limited by service area. If you need medical attention, you may go to any doctor, specialist, immediate care facility, or hospital. Remember to carry your Humana PFFS ID card with you and show it to each provider before receiving care. If your ID card is not available in an emergency, you are still covered.

## **ELIGIBILITY FOR MEDICARE ADVANTAGE PRIVATE FEE-FOR-SERVICE**

- You must be enrolled in Original Medicare (Parts A and B) to be eligible for Humana Group Medicare PFFS.
- You must continue to pay your Medicare Part B applicable premiums if not otherwise paid for under Medicaid or by another third party.





## IMPORTANT PHONE NUMBERS



Humana wants you to fully understand your medical coverage. If you have questions about your plan, please call Humana. The special phone number listed below is dedicated to Group Medicare plan participants.

For questions about your plan, call:

### **HUMANA CUSTOMER SERVICE**

#### **Hours of service:**

8 a.m. - 8 p.m. Local Time  
7 days a week

**1-866-396-8810; TTY 1-800-833-3301**

Also for your convenience, the official source of U.S. Government Medicare information is:

### **MEDICARE**

**Medicare.gov**

#### **Hours of service:**

24 hours a day, 7 days a week

**1-800-633-4227 (1-800-MEDICARE)**

**TTY: 1-877-486-2048**



## PLAN FEATURES TO MANAGE YOUR HEALTH

### **MYHUMANA – YOUR PERSONALIZED ONLINE PLAN INFORMATION SOURCE**

You can go to **Humana.com** and register for *MyHumana* as soon as you receive your Humana ID card. *MyHumana* is a secure, personal Website customized with your plan details, claims, records, and other health benefits information.

With *MyHumana*, you can:

- Review your plan benefits
- Use health and wellness tools
- Look up your medical claims
- View or print your Evidence of Coverage booklet

### **SPECIAL SERVICES FOR CERTAIN HEALTH CONDITIONS**

**Informed Care Management (ICM)** is the ActiveHealth® disease management program that actively engages you and your doctor in your healthcare decision making process. It is a unique disease management program for people with chronic conditions and is designed to help you better manage your health and actively work with doctors to improve your care.

Through ICM you'll have access to a Nurse Care Manager who will act as your personal health coach. He or she will utilize a unique set of data, educational resources and technology to help you understand and manage your conditions. ICM is available for several different conditions.

Over the course of your conversations, your Nurse Care Manager will:

- Review your health information with you
- Discuss targets and goals related to conditions
- Prepare a plan to help you meet your health goals
- Suggest questions to ask your doctor
- Give you information about warning signs and symptoms and what you should do if they occur
- Identify ways for you to stay healthy
- Send you follow-up letters that summarize your engagement with the nurse and helpful educational materials



## PLAN FEATURES TO MANAGE YOUR HEALTH

As a member of ICM, your Nurse Care Manager will ask you questions about your diet, exercise, allergies and over-the-counter medications. This information will be compiled with your claims data and fed into the CareEngine® System. The CareEngine is a program that continuously scans for opportunities for better care and identifies potential medical errors. If an opportunity is found for you, your Nurse Care Manager will contact you to discuss the details, answer any questions you may have, and suggest questions to ask your doctor.

If you qualify to participate in the program, you will receive an invitation to enroll. You can also contact us at the Customer Service phone number on page 8, if you feel you might benefit from the program. We will complete an assessment to see if you in fact qualify for participation.

### **ICM Conditions Addressed Include:**

- Asthma - Adult
- Breast Cancer
- Cerebrovascular Disease (CVD)
- Chronic Hepatitis
- Chronic Lower Back Pain
- Chronic Obstructive Pulmonary Disease (COPD)
- Chronic Renal Failure
- Colon Cancer
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Cystic Fibrosis
- Diabetes
- End Stage Renal Disease
- Gastroesophageal Reflux Disease (GERD)
- Hypercoagulable State
- Hypertension (HTN)
- Inflammatory Bowel Disease (IBD)
- Leukemia
- Lung Cancer
- Migraine
- Osteoporosis
- Parkinson's Disease
- Peptic Ulcer Disease (PUD)
- Peripheral Artery Disease (PAD)
- Prostate Cancer
- Rheumatoid Arthritis
- Seizure
- Sickle Cell Disease
- Weight Management



**HUMANA ACTIVE OUTLOOK<sup>SM</sup>** is a *no-cost* lifestyle enrichment program exclusively for Medicare members!

Enjoy one-on-one healthy living advice and Medicare news through regular educational mailings, online content, seminars and classes.



Learn all about optimal living and the essential principles of good health and well-being from **Humana Active Outlook**.

- ***Thrive! Live Life to the Fullest.*** Stay in the know on health conditions and the latest research into healthy aging. Learn how to keep your cholesterol and blood pressure in check.
- ***Nourish! Eat, Drink, and Be Healthy.*** Get valuable information about keeping your diet nutritious and tasty, including wholesome recipes, tips on preparing meals for one or two people, and information about gaining and losing weight.
- ***Discover! Health Is a State of Mind.*** Learn how to improve your mind and memory through self-help and educational opportunities and mental exercises.
- ***Partner! Get Connected.*** Keep up to date on current issues that could affect your Medicare benefits, and check out opportunities to get involved and share your personal talents and experiences with others.
- ***Inspire! Seize the Day.*** Discover how to motivate yourself to make healthy, positive changes that are vital to your well-being, and how to assess your goals, attain them, and enrich your life.
- ***Nurture! Cherish Your Loved Ones.*** Enjoy a wealth of useful information and advice on caregiving, and have access to resources and tools that offer support and guidance to you and your family.



## PLAN FEATURES TO HELP YOU STAY WELL

### **HAO magazine**

This award-winning magazine\* provides inspirational and informative lifestyle content that connects with members in a personal way – celebrating who they are and their accomplishments. Each issue features useful, up-to-date information on new technology, financial matters, travel, and health and wellness. You'll enjoy meeting and reading about members, receiving practical health advice from our medical advisors, as well as trying out home and cooking tips from lifestyle expert Lucy Pereda. We mail the magazine to your home four times a year.



\* **2007 Healthcare Advertising Awards (HAA) - HAO Magazine** netted three **Gold** awards, marking the fourth consecutive year that **HAO** has earned top honors at the HAA.



## **SILVERSNEAKERS®** (where available)\*

When you become a Humana Group Medicare PFFS Plan member, you'll be eligible to participate in the innovative SilverSneakers® Steps program or the award-winning\* SilverSneakers® Fitness Program at **no additional cost**. Either program gives you a great way to stay physically active, make new friends, and help maintain an independent, healthy lifestyle!

With SilverSneakers, you have free access to amenities like treadmills, weights, heated pools, and fitness classes that are included with a basic fitness center membership. After discussing with your physician, you can take signature SilverSneakers classes designed specifically for older adults and taught by certified instructors. Additional SilverSneakers options may be available at selected fitness centers as your fitness level progresses. A designated fitness center staff member called a Senior Advisor<sup>SM</sup> will help you along the way.

SilverSneakers members have access to over 2,200 participating fitness centers. Once you're a SilverSneakers member, you can use any participating location in the nation. Visit **Silversneakers.com** to view lists by state, or for more details contact us at the Group Medicare Customer Service phone number on page 8.

**If a participating SilverSneakers fitness center is more than 15 miles from your home, check out the SilverSneakers Steps program!**

**SilverSneakers Steps** is a self-directed, pedometer-based physical activity and walking program that allows you to measure, track, and increase your activities. Steps provides the equipment, tools, and motivation necessary for you to achieve a healthier lifestyle through increased physical activity.

## **Get Fit, Have Fun, Make Friends!**

**Humana knows you care about your health.** That's why we offer the SilverSneakers Fitness Program or SilverSneakers Steps as part of our many additional benefits. Go to **Silversneakers.com** or call today to find out more.

\*If you live in Arizona, California, Delaware, Maryland, New Jersey or Pennsylvania, please see the next two pages for more information.



Humana Group Medicare plan members who live in California, Delaware, Maryland or New Jersey, have access to fitness and wellness resources through Forever Fit – a program that helps busy older adults take charge of their health through diet, exercise, and more – **at no extra cost!**

With Forever Fit, you get:

- ♥ Membership at a participating fitness center.
- ♥ Access to nearly 8,000 participating fitness centers nationally
- ♥ All the amenities and programs associated with a standard membership at a participating fitness center

Best of all, you and your doctor can tailor the program to fit your personal goals and fitness level. Humana cares about your health!

### Interested?

For more details contact us at the Group Medicare Customer Service phone number on page 8.





## SILVER&FIT™

If you live in Arizona or Pennsylvania, Silver&Fit and Silver&Fit@Home is available for you!

Silver&Fit™ is a program designed for senior adults that incorporates exercise and health education to empower seniors to become physically fit. Silver&Fit includes:

- ♥ Basic membership at a local participating fitness club, which includes access to equipment such as weights and cardiovascular and resistance training equipment
- ♥ Group fitness classes designed specifically for seniors and focus on aerobic, flexibility and strength-training exercises
- ♥ Healthy aging classes with educational materials to help you make better health decisions
- ♥ Community social activities
- ♥ Toll-free member hotline
- ♥ Quarterly newsletter

Silver&Fit@Home™ is a home-based fitness and health education program for members who either don't have access to a participating Silver&Fit fitness club or prefer to exercise at home. Silver&Fit@Home offers a choice of either an exercise program or a walking program.

### Exercise Program

Hand weights  
Resistance bands  
Instructional exercise DVD plus new programs each quarter  
Quarterly newsletter  
Toll-free member hotline

### Walking Program

Pedometer  
Activity-tracking tools  
Quarterly newsletter  
Toll-free member hotline

Please call the Group Medicare Customer Service phone number on page 8 for more details.







### LOOK AT THE EXTRAS YOU GET FROM HUMANA!

The next several pages highlight Humana's "value-added" services – extras you get as a Humana Group Medicare plan member.

Through a special arrangement with Humana, certain providers offer services to our members at discounted prices or at no additional cost. If the service charges a fee, you're responsible for all payments.

The value-added services listed on the following pages are subject to change. Before you use any service with a fee, ask the provider about other promotions or special offers that may reduce your costs.

The products and services described on the following pages of this Guide Book are neither offered nor guaranteed under Humana's Medicare Advantage contract with the Medicare program.

These products and services are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Humana grievance process or the State Attorney General's office.

Should a problem arise with any value-added item or service, please call Humana Customer Service for assistance. See page 8 for the phone number.



## PLAN SERVICES TO SAVE YOU MONEY

### **HUMANAFIRST® NURSES ARE ALWAYS AVAILABLE**

Ever wish a medical professional was nearby? Someone you could call to get health information when you need it? Your Humana Group Medicare PFFS membership makes that wish come true.

HumanaFirst is a toll-free, 24-hour-a-day health information line Humana makes available for you. Can you manage your care at home, or should you see a medical professional? Call to speak with a registered nurse who can answer your general health questions. A simple phone call can get you the information you need to make your decision.

There is no charge for calling HumanaFirst. Contact Customer Service for additional information.

**HumanaFirst is not intended for emergency situations. Always dial 911 in an emergency.**



## VISION DISCOUNT PROGRAM

The vision discount program is available to you through HumanaVision and EyeMed. You have access to extensive EyeMed resources: 40,000 national providers at 20,000 locations, including optometrists, ophthalmologists, opticians and some of the most recognizable names in eye care: LensCrafters®, Pearle Vision®, Target, JCPenney Optical, and Sears Optical as well as many independent practices.

To select an EyeMed participating provider, visit the EyeMed Website (**Eyemedvisioncare.com**) and select the Provider Locator option under the "Member Access" section or call EyeMed's provider locator service at **1-866-392-6056**.

To receive your discount, just present your HumanaVision Discount ID card below when you arrive at the provider's office or location. The EyeMed provider will take care of the rest.

You have no claims to file and no waiting for reimbursement. The discount is applied directly to your purchase.

### Program Limitations and Exclusions:

- Orthoptic or vision training, subnormal vision aids, and any associated supplemental testing
- Aniseikonic lenses
- Medical or surgical treatment of the eye, eyes, or supporting structures
- Services provided as a result of any Worker's Compensation law
- Nonprescription lenses and nonprescription sunglasses (except for 20 percent discount)
- Services or materials other than provided by this program
- These discount programs are not part of your insurance
- Discounts are available only at participating providers

CUT OUT THIS CARD AND KEEP IT IN YOUR WALLET FOR HANDY REFERENCE.

### HumanaVision Discount Card

MEMBER NAME: \_\_\_\_\_

MEMBER ID: \_\_\_\_\_

**HUMANA**  
Guidance when you need it most

For more information, call EyeMed:  
**1-866-392-6056**

This discount program is **not** part of your insurance. Discounts are only available at participating providers.

**EyeMed** ★ ★  
VISION CARE

*You may receive a 20 percent discount on items purchased at participating providers that are not specifically mentioned here. This discount may not be combined with any other discounts or promotional offers, and it does not apply to EyeMed provider's professional service, or contact lenses. Please discuss your needs with your EyeMed provider to be sure to get the best discount for your situation.*





## VISION CARE SERVICES

## YOUR COST

### Exam with Dilation as Necessary:

\$5 off routine exam  
\$10 off contact lens exam

### Frames\*: Discount on all frames available except when prohibited by manufacturer.

35% off retail price

*\* Frames, lenses, and lens options must be purchased in the same transaction. Items purchased separately will be discounted 20% off of the retail price.*

### Standard Plastic Lenses (per pair)\*\*:

Single Vision

\$50

Bifocal

\$70

Trifocal

\$105

*\*\*Member cost is \$15 higher in AK, CA, HI, OR, WA*

### Lens Options:

UV Coating

\$15

Tint (Solid and Gradient)

\$15

Standard Scratch-Resistance

\$15

Standard Polycarbonate

\$40

Standard Progressive\*\*\* (Add-on to Bifocal)

\$65

Standard Anti-Reflective Coating

\$45

Other Add-Ons and Services

20% discount

*\*\*\* The cost for Premium Progressive lenses equals the Basic Progressive lens retail price plus a 20 percent discount on the balance over this price.*

### Contact Lenses

(Discount applied to materials only):

15% off retail price

Conventional

### Laser Vision Correction:

Lasik or PRK

from U.S. Laser Network

15% off retail price - or -  
5% off promotional price

### Frequency:

Examination

Unlimited

Frames

Unlimited

Lenses

Unlimited

Contact Lenses

Unlimited



## FREQUENTLY ASKED QUESTIONS

### **How does this plan differ from most other Medicare Advantage plans?**

The “PFFS” in Humana Group Medicare PFFS stands for “Private Fee-For-Service.” This is a fairly new approach to group Medicare plans; it allows members to use any healthcare provider that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana’s PFFS plan (which is the same as Original Medicare fee schedules).

### **How can I compare Humana’s Group Medicare PFFS plan to Original Medicare?**

You can compare Humana Group Medicare PFFS and the Original Medicare Plan using the “Summary of Benefits” enclosed. The charts list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers, plus additional benefits, which may change from year to year.

### **Am I eligible for the PFFS Plan?**

To be eligible for this Humana Group Medicare PFFS plan through KTRS, you must be enrolled in Original Medicare (Parts A and B). In addition to the contributions for this plan, you must continue to pay your Medicare applicable premiums, if not otherwise paid for by another third party.

Starting in 2007, you may have to pay a surcharge in addition to your Medicare Part B premium, based on your “modified adjusted gross income.” For details, contact Medicare at:

**1-800-MEDICARE (1-800-633-4227);  
TTY: 1-877-486-2048,  
24 hours a day, 7 days a week.**

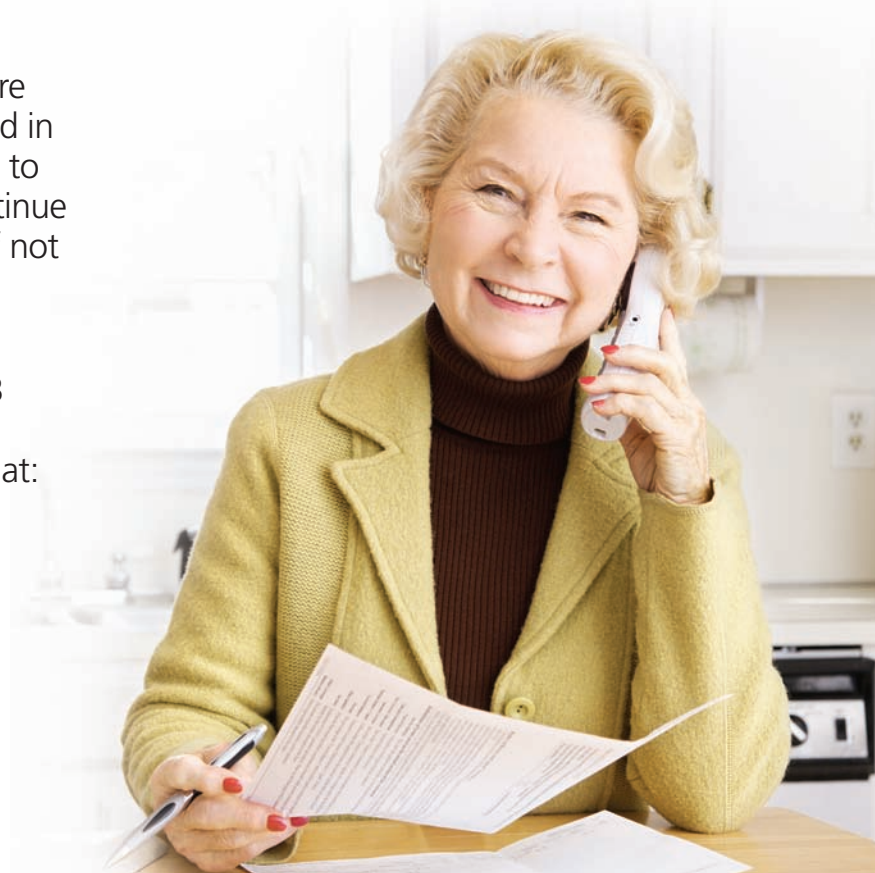
### **Does the plan include dental coverage?**

No, the plan covers Medicare covered dental benefits only. Please refer to your Evidence of Coverage for details.

**Who do I call if I have questions about my plan?** Customer Service representatives are available to provide guidance if you have a question or problem. Simply call your dedicated Group Medicare phone number listed on page 8.

### **How do I select my doctor?**

You can see any doctor you like; the plan doesn’t have a network. Before treatment, make sure the doctor participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana’s PFFS plan (which is the same as Original Medicare fee schedules). Also, it’s always a good idea to have one doctor who knows your medical history and any medications you take, to manage your care.





### **How can I find out if my doctor will work with Humana?**

Most doctors and other healthcare providers accept Medicare. If your doctor accepts Medicare, ask if he or she is also willing to bill Humana and accept the terms, conditions, and payment rate of Humana's PFFS plan (which is the same as Original Medicare fee schedules). Tell your doctor that Humana Group Medicare PFFS is a Medicare Advantage "Private Fee-For-Service" plan, not an HMO or PPO.

### **What if my doctor has questions or needs information about the Humana Group Medicare PFFS plan?**

We have one of the strongest Medicare plan educational programs for doctors. Please have your doctor call **1-866-291-9714** (9:00 a.m. - 11:00 p.m. Eastern time, Monday through Friday) to learn more about our PFFS plans.

### **What if my doctor isn't willing to accept the Humana Group Medicare PFFS plan?**

You can call Humana Provider Relations at **1-866-291-9714** (9:00 a.m. - 11:00 p.m. Eastern time, Monday through Friday) to report that your doctor is not willing to participate. We will contact the doctor and offer education. If the doctor still refuses to take the Humana Group Medicare PFFS plan, you should seek care from another doctor who agrees to accept the plan.

### **What if I want a second opinion?**

You can go to any doctor you choose for a second opinion. To receive the best benefit with this plan, before treatment, seek second opinions from doctors who participate with Medicare, accept Medicare payment, and accept the terms, conditions, and payment rate of Humana's PFFS plan (which is the same as Original Medicare fee schedules).

### **Do I need to give both my Humana ID card and my Medicare ID card to my doctor or hospital?**

No. Once your Humana Group Medicare PFFS coverage begins, you should not present your Medicare ID card to any provider; your Humana card is the only card you will need. Keep your Medicare ID card in a safe place – or use it only when it's needed for discounts and other offers from retailers.

### **How do I file a claim?**

To request reimbursement for a charge you paid for a covered service, just send the provider's itemized receipt and a copy of your Humana ID card to the claims address on the back of the ID card. Make sure the receipt includes your name and Humana Member ID number.

### **What if I have coverage through other health insurance?**

If you have other health insurance coverage, show your Humana ID card, in addition to all other insurance cards, when you see a healthcare provider.

Humana Group Medicare PFFS may be used in combination with other types of health insurance coverage you may have. This is called "coordination of benefits."

### **What's the difference between emergency and urgently needed care?**

**Emergency care** means medical conditions that are severe or cause severe pain. The severity of these symptoms or pain would lead a person with average knowledge of health and medicine to reasonably expect that immediate medical attention is needed to prevent any of the following:



- Serious risk to your health
- Serious damage or impairment to the functioning of your body
- Serious dysfunction of any organ or part of your body

### **Examples of covered emergency services include:**

- Chest pain
- Difficulty breathing
- Severe burns
- Penetrating wounds
- Vomiting blood

**Urgently needed care** means covered services that are medically necessary due to an unforeseen illness, injury, or condition.

### **How is emergency care covered?**

In an emergency, call 911 for assistance or go to the nearest emergency room. You are covered wherever you are. Your coverage is not limited by service area. If you need medical attention, you may go to any doctor, specialist, immediate care facility, or hospital. Remember to carry your Humana ID card with you and show it to each provider before receiving care. If your ID card is not available in an emergency, you are still covered.

### **Can my membership in Humana Group Medicare PFFS be canceled by the plan?**

Your membership cannot be canceled for reasons of age or health. Your membership can only be canceled by Humana if:

- You are no longer enrolled in Medicare Part A and Part B. At this time you will be transferred to the KTRS self-funded Medicare Eligible Health Plan administered by Humana.

- You fail to pay any monthly plan premiums (if applicable).
- You engage in fraudulent or disruptive behavior that affects your health or the health of other members.
- KTRS notifies Humana that you are no longer eligible for their group plan.
- You enroll in another Medicare Advantage plan at the same time you are enrolled in this plan.
- KTRS notifies Humana that they are canceling their Group Medicare PFFS coverage with Humana. KTRS will decide whether coverage will be canceled or allow Humana to transfer your coverage to the KTRS self-funded Medicare Eligible Health Plan.
- Humana's annual contract with CMS is not renewed in the service area where KTRS is headquartered. If this happens, KTRS and Humana will notify you in advance.

### **If I lose or cancel my Humana Group Medicare PFFS coverage, can I still be covered by Medicare?**

Yes, you can return to coverage by Original Medicare (Parts A and B). Please notify KTRS in writing if you decide to cancel your plan.

### **What are my protections in this plan?**

If the plan ever denies your claim or a service, we will explain our decision to you. You always have the right to appeal and ask us to review the claim or service that was denied. If a decision is not made in your favor, your appeal will be reviewed by an independent organization that works for Medicare.



## GLOSSARY

**Annual maximum benefit**

The limit on the amount of benefits a plan will pay during a calendar year.

**Behavioral healthcare**

Treatment of psychiatric, emotional, or chemical dependency disorders.

**Coinsurance**

The percentage of the covered charge for services that you pay, after you pay any deductible or copayment.

**Copayment**

A specific dollar amount you pay directly to the provider for covered services.

**Deductible**

The amount you pay for certain covered expenses each year before the plan pays benefits.

**Limiting charge**

The highest amount of money you can be charged for a covered service by doctors and other healthcare suppliers who **do not** accept Medicare assignment. The limiting charge only applies to certain services, not to supplies or equipment.

**Medicare Advantage plan**

A Medicare-approved private insurance plan that pays similar to Original Medicare.

**Medicare assignment**

When a provider agrees to accept the Medicare-approved amount.

**Medicare-approved amount**

Medicare's payment for an item or service. These amounts are subject to change from time to time. Providers accepting Medicare assignment cannot charge you or the plan more than your share of the Medicare-approved amount.

**Original Medicare**

Medicare Parts A (hospital insurance) and B (medical insurance). Part A coverage is automatic for most people who are disabled, or age 65 and older; Part B requires a monthly premium.

**Out-of-pocket limit**

The maximum amount of covered expenses you pay in a calendar year. Once you reach your annual out-of-pocket limit, Humana Group Medicare PFFS pays 100 percent of the Medicare-approved amount for most covered charges. Certain payments do not apply to the out-of-pocket limit. Please refer to your Summary of Benefits for more details.

**Private Fee-For-Service (PFFS)**

A Medicare Advantage plan that allows its members to use any doctor, specialist, or hospital that participates with Medicare, accepts Medicare payment, and accepts the terms, conditions, and payment rate of Humana's PFFS plan (which is the same as Original Medicare fee schedules).



## NOTICE OF PRIVACY

### **This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

Relationships are built on trust. One of the most important elements of trust is respect for an individual's privacy. We at Humana value our relationship with you, and we take your personal privacy seriously.

This notice, effective April 1, 2003, explains Humana's privacy practices, our legal responsibilities, and your rights concerning your personal and health information.

We reserve the right to change our privacy practices and the terms of this notice at any time, as allowed by law. This includes the right to make changes in our privacy practices and the revised terms of our notice effective for all personal and health information that we maintain. This includes information we created or received before we made the changes. When we make a significant change in our privacy practices, we will change this notice and send the notice to our health plan subscribers.

### **What is personal and health information?**

Personal and health information (hereafter referred to as "information") includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. The term "information" in this notice includes any personal and health information that is created or received by a healthcare provider or health plan that relates to your physical or mental health or condition, the provision of healthcare to you, or the payment for such healthcare.

### **How does Humana protect my information?**

In accordance with federal and state laws and our own policy, Humana has a responsibility to protect the privacy of your information. We have safeguards in place to protect your information in various ways that include:

- Limiting the access to who may see your information
- Limiting how we use or disclose your information
- Informing you of our legal duties regarding your information
- Following our policies
- Training of our associates
- Requesting approval from you for any potential situations where your information would be used for reasons other than payment and health plan operations

### **How does Humana use and disclose my information?**

We must use and disclose your information:

- To you or someone who has the legal right to act on your behalf;
- To the Secretary of the Department of Health and Human Services; and
- Where required by law. We have the right to use and disclose your information:
- To a doctor, a hospital or other healthcare provider which asks for it in order for you to receive medical care;



- To pay claims for covered services provided to you by doctors, hospitals or other healthcare providers;
- For healthcare operation activities including processing your enrollment, responding to your inquiries and requests for services, coordinating your care, resolving disputes, conducting medical management, improving quality, reviewing the competence of healthcare professionals, and determining premiums;
- For performing underwriting activities
- To your plan sponsor to permit them to perform plan administration functions; and
- To contact you with information about health-related benefits and services, appointment reminders, or about treatment alternatives that may be of interest to you
- In response to a court or administrative order, subpoena, discovery request, or other lawful process;
- For law enforcement purposes;
- To military authorities;
- For research purposes in limited circumstances;
- For procurement, banking or transplantation of organs, eyes, or tissue; and
- To a coroner, medical examiner or funeral director.

### **Notice of Privacy Practices**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. We may use or disclose your information:

- To your family and friends if you are unavailable to communicate, such as in a medical or other emergency;
- To provide payment information to the subscriber for Internal Revenue Service substantiation;
- To public health agencies if we believe there is a serious health or safety threat;
- To appropriate authorities regarding abuse, neglect, or domestic violence;

### **Will Humana use my information for purposes not described in this notice?**

In all situations other than described in this notice, Humana will request your written permission before using or disclosing your information. You may revoke your permission at any time by notifying us in writing. We will not use or disclose your information for any reason not described in this notice without your permission.

### **What does Humana do with my information when I am no longer a Humana member?**

Your information may continue to be used for purposes described in this notice when your membership is terminated. After the required legal retention period, information is destroyed following strict procedures to maintain the confidentiality of the information.



## What are my rights concerning my information?

The following are your rights with respect to your information:

- **Access** - You have the right to review and obtain a copy of your information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. If you request copies, we may charge you a fee for each page, and per hour for staff time to locate and copy your information, and postage.
- **Alternate Communications** – You have the right to receive confidential communications of information in a different manner or at a different place to avoid a life-threatening situation. We will accommodate your request, if it is reasonable.
- **Amendment** – You have the right to request an amendment of information we maintain about you if you believe that it is wrong or incomplete. We may deny your request if we did not create the information, we do not maintain the information, or the information is correct and complete. If we deny your request, we will provide you a written explanation of the denial.
- **Disclosure** – You have the right to receive a listing of instances in which we or our business associates have disclosed your information for purposes other than treatment, payment, health plan operations, and certain other activities. Effective April 1, 2003, Humana began maintaining these types of disclosures and will maintain this information for a period of six (6) years.

If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

- **Notice** – All Humana members and prospective members have the right to receive a written copy of this notice upon request at any time.
- **Restriction** – You have the right to ask to restrict uses or disclosures of your information. We are not required to agree to these restrictions, but if we do, we will abide by our agreement. You also have the right to agree to or terminate a previously submitted restriction.

## How do I exercise my rights or obtain a copy of this notice?

All of your privacy rights can be exercised by obtaining the applicable privacy rights request forms. You may obtain any of the forms by:

- Contacting us at **1-866-861-2762** at any time
- Accessing our Website at **Humana.com** and going to the Privacy link
- E-mailing us at **privacyoffice@humana.com**

Send the completed request form to Humana's Privacy Office at:

Humana Inc.  
Privacy Office  
P.O. Box 1438  
Louisville, KY 40202



### **What should I do if I believe my privacy has been violated?**

If you believe your privacy has been violated in any way, you may file a complaint with Humana by calling us at **1-866-861-2762** at any time.

You may also submit a written complaint to the U.S. Department of Health and Human Services, Office of Civil Rights (OCR). We will provide you with the appropriate OCR regional address upon request. You also have the option to email your complaint to **OCRComplaint@hhs.gov**. We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you elect to file a complaint with us or with the U.S. Department of Health and Human Services.

Humana follows all federal and state laws, rules, and regulations addressing the protection of personal and health information. In situations when federal and state laws, rules, and regulations conflict, Humana follows the law, rule, or regulation which provides greater member protection.

The following affiliates and subsidiaries also adhere to Humana's privacy policies and procedures:

Humana Employer's Health Plan of Georgia, Inc.  
Humana Health Insurance Company of Florida, Inc.  
Humana Health Plan of Ohio, Inc.  
Humana Health Plan of Texas, Inc.  
Humana Health Plan, Inc.  
Humana Health Plans of Puerto Rico, Inc.  
Humana Insurance Company  
Humana Insurance Company of Kentucky  
Humana Insurance of Puerto Rico, Inc.  
Humana Medical Plan, Inc.  
Humana Wisconsin Health Organization Insurance Corporation  
HumanaDental Insurance Company  
The Dental Concern, Inc.  
The Dental Concern, Ltd.  
Humana Health Plan Interests, Inc.  
Humana Health Benefit Plan of Louisiana, Inc.  
Health One, Inc.  
Humana Insurance Company of New York





An Insurance Company with a Medicare Advantage contract to offer a Private-Fee-for-Service plan available to anyone enrolled in both Part A and Part B of Medicare through age or disability. Copayment, service area, and benefit limitations may apply.

A Medicare Advantage Private Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies.

Providers can find the plan's terms and conditions on our website at:

**[http://apps.humana.com/MedPlans\\_Provider/PFFSTermsAndConditions.pdf](http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf)**.